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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)  <b>5486-0196PUS1</b>
Application Number	10/700,995-Conf. #5612	Filed November 4, 2003
<b>For CATEGORY PARTITIONING MARKUP LANGUAGE AND TOOLS</b>		
Art Unit 2193	Examiner	T. A. Vu
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<b>Fee</b>  <b>\$120</b>	<b>Small Entity Fee</b>  <b>\$60</b>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<b>\$460</b>	<b>\$230</b>
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<b>\$1050</b>	<b>\$525</b>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<b>\$1640</b>	<b>\$820</b>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<b>\$2230</b>	<b>\$1115</b>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 I have enclosed a duplicate copy of this sheet. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 29,680 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 Signature <u>For</u> Michael K. Mutter Typed or printed name		October 23, 2007 Date (703) 205-8000 Telephone Number
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		